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Docket No. 0575/51917-CA-PCT-US/JPW/JCS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): David J. Pinsky, et al.

Serial No. : 10/679,135 Examiner: J. Pak

Filed : October 3, 2003 Group Art Unit: 1616

For : A METHOD FOR TREATING ISCHEMIC DISORDER USING CARBON MONOXIDE

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: April 10, 2006

Sir:

Transmitted herewith is an amendment to the above-identified application.

 Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

 A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

X No additional fee is required.

The filing fee is calculated as follows:

	Number after Amend- ment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE		FEE	
				Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	18 -	* 43 =	*** 0 X	\$25	\$50	=	0
Indepen- dent Claims	1 -	** 10 =	*** 0 X	\$100	\$200	=	0
Multiple Dependent Claim(s) Presented For First Time Yes <u>X</u> No				\$180	\$360	=	0
				TOTAL ADDITIONAL FEE \$ 0.00			

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter

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The following are also enclosed:

One additional copy of this Amendment Transmittal Letter
 Return Receipt Postcard
 An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes No
and a fee of \$ _____ included)
 A Petition for an Extension of Time, including a fee of
\$ 120.00 for a Petition for 1 Month(s) Extension of Time

____ Other (identify): _____

THE TOTAL FEE DUE IS \$ 120.00.

A check in the amount of \$ 120.00 is enclosed.
____ Please charge Deposit Account No. _____ in the amount of
\$ _____.
 The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:
 Fees under 37 C.F.R. \$1.16 for the presentation of extra claims
 Patent application processing fees under 37 C.F.R. \$1.17

Respectfully submitted,



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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.

John P. White 4110106

John P. White	Date
Reg. No. 28,678	